

Registered pharmacy inspection report

Pharmacy Name: Boots, 9-11 Shirley High Street, SOUTHAMPTON,
Hampshire, SO15 3NJ

Pharmacy reference: 1031862

Type of pharmacy: Community

Date of inspection: 09/10/2019

Pharmacy context

This is a community pharmacy located amongst several shops on the main High Street in Shirley, Southampton. The pharmacy dispenses NHS and private prescriptions. It offers a few services such as Medicines Use Reviews (MURs), the New Medicine Service (NMS), seasonal flu vaccinations and Emergency Hormonal Contraception (EHC). It also supplies multi-compartment compliance aids to people if they find it difficult to take their medicines on time.

Overall inspection outcome

✓ **Standards met**

Required Action: None

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Summary of notable practice for each principle

Principle	Principle finding	Exception standard reference	Notable practice	Why
1. Governance	Standards met	N/A	N/A	N/A
2. Staff	Standards met	N/A	N/A	N/A
3. Premises	Standards met	N/A	N/A	N/A
4. Services, including medicines management	Standards met	N/A	N/A	N/A
5. Equipment and facilities	Standards met	N/A	N/A	N/A

Principle 1 - Governance ✓ Standards met

Summary findings

Overall, the pharmacy manages risks in a suitable manner. Members of the pharmacy team understand how to protect the welfare of vulnerable people. They monitor the safety of their services by recording their mistakes and learning from them. The pharmacy adequately maintains most of the records that it needs to. And, its team members largely protect people's private information appropriately. But the pharmacy is not always recording enough detail for some of its records. This means that the team may not have all the information needed if problems or queries arise.

Inspector's evidence

A steady stream of people used the pharmacy's services during the inspection. This was managed well by the team. The pharmacy's dispensing activity took place in two separate areas. This included the main dispensary situated downstairs and multi-compartment compliance aids were prepared from a dispensary upstairs in an area that was not accessible to the public. The latter helped to minimise the likelihood of errors happening and reduced distractions.

In the main dispensary, the workflow involved the bulk of the walk-in prescriptions being dispensed and accuracy-checked on the front bench. There was a carousel here that was used to store some of the pharmacy's medicines and this helped to provide easy access to them. To maintain people's privacy, staff explained that they kept confidential information hidden out of sight, turned prescriptions over so that sensitive details could not be seen, and they asked people to step back away from the counter if required. There was no confidential information left in areas that were accessible to the public. Sensitive details on dispensed prescriptions that were awaiting collection could not be seen from the retail space. Confidential waste was segregated into separate designated bins and disposed of through the company's procedures. There was a notice on display to inform people about how the pharmacy maintained their privacy.

The team attached the company's pharmacist information forms (PIFs) to prescriptions so that relevant information could be easily identified. Staff routinely recorded their near misses and described the responsible pharmacist (RP) handing their prescriptions back to them and asking them to find the mistake. This helped to facilitate their learning. The near misses were collectively reviewed every month with the company's Patient Safety Review (PSR) completed to assist with this.

Team members explained that their near misses had reduced since the company had implemented a new pharmacy system as they were now scanning medicines into the system against prescriptions. Look-alike and sound-alike medicines were identified and separated, and the team's awareness raised in response. However, occasionally some details within the 'comments' section in the near miss logs were missing which would have helped to highlight and learn from the root cause.

The store manager and pharmacists handled incidents. Their procedure was in line with the company's documented complaints policy and included recording details on the company's internal reporting system. There was also information on display to inform people about the pharmacy's complaints procedure. The last few incidents had involved incorrect dosage instructions on antibiotics, they had not been taken incorrectly as the RP had counselled people on how to take their medicines on hand-out. It had been identified that staff had been focusing on dispensing the correct strength instead of

also looking at the instructions. In response, the pharmacy had changed its internal processes as a visual check on instructions was required on the computer screen when processing prescriptions as well as against the prescription itself.

Staff could identify groups of people who required safeguarding. Team members had read SOPs, completed training through the company's e-Learning module and were trained as dementia friends. The procedure to follow with relevant and local contact details were present and the pharmacists were trained to level two via the Centre for Pharmacy Postgraduate Education.

Team members understood their responsibilities. The correct RP notice was on display and this provided details of the pharmacist in charge of operational activities on the day. The pharmacy held a range of documented standard operating procedures (SOPs) to cover the services that it provided. They were dated from 2017 to 2019. Roles and responsibilities of the team were defined within them and staff declarations were complete to state that they had read the SOPs.

The RP record, records of unlicensed medicines and a sample of registers for controlled drugs (CDs) were maintained in line with statutory requirements. Balances for CDs were checked and documented every week. On randomly selecting some CDs that were held, their quantities corresponded to the balances stated in registers. The minimum and maximum temperatures of the fridges were routinely monitored. This helped to ensure that temperature sensitive medicines were appropriately stored, and records were maintained every day to verify this. The pharmacy maintained a complete record for the receipt and destruction of CDs that were returned to them disposal. The pharmacy held appropriate professional indemnity insurance to cover the services provided.

However, the pharmacy had very recently implemented a new system and electronic records of private prescriptions held incorrect dates of prescriptions and prescriber. The previous system did not always have the nature of the emergency recorded when emergency supplies had been made at people's request. This made it difficult for them to always justify why the supply had been made.

Principle 2 - Staffing ✓ Standards met

Summary findings

The pharmacy has enough suitably qualified staff to manage its workload safely. Team members in training are undertaking accredited courses appropriate to their role. Pharmacy team members understand their roles and responsibilities. They keep their skills and knowledge up to date by completing on-going training. Members of the pharmacy team feel supported. And, they can make suggestions to improve the pharmacy's internal processes.

Inspector's evidence

The pharmacy's staffing profile consisted of the RP, a pre-registration pharmacist, the store manager who was also a trained dispensing assistant, a dispensing assistant who was undertaking accredited training for the NVQ 3 in dispensing and three further dispensing assistants, one of who was a trainee. At the inspection, there was also a relief pharmacist working alongside the RP. Staff explained that when double cover was provided every week, this helped the RP to complete additional services and run influenza vaccination clinics. There had been no formal targets set for the relief pharmacist to complete services although there was a target in place for the pharmacy to complete a certain number of influenza vaccinations this season. This was described as manageable.

The team wore name badges and covered each other as contingency for absence or annual leave. Support could also be sought from some of the company's other local branches if required. The team's certificates of qualifications obtained were not seen. Staff provided advice and asked appropriate questions before they sold medicines over the counter, they referred to the RP when required. The pre-registration pharmacist was provided with set-aside time to study, the RP was their designated tutor, they felt supported and were familiar with their training plan. An overview of the latter was on display in the dispensary and topics were seen ticked off every month when they had been completed. Staff in training completed their course material at home and at work with set-aside time provided. The company ensured that staff kept their knowledge current with e-Learning modules, newsletters, SOPs and 30-minute tutor packs.

Staff were up to date with the company's mandatory training, they were kept informed about relevant information by the store manager, RP and through noticeboards that were present in the dispensary and in the upstairs staff areas. Monthly team meetings and morning huddles took place to keep the team informed about relevant updates and the PSR. Formal appraisals were held twice a year to check the team's progress. Team members felt supported and could make suggestions to improve the pharmacy's processes. This included creating bespoke sheets to record details of emergency supplies so that prescriptions could be easily reconciled and specific folders to hold some of the pharmacy's records. This made it easier to locate the relevant information when needed.

Principle 3 - Premises ✓ Standards met

Summary findings

The pharmacy's premises generally provide an appropriate environment for the delivery of healthcare services. The pharmacy is clean and secure.

Inspector's evidence

The pharmacy premises consisted of a medium sized retail area and dispensary on the ground floor. The latter held enough shelving and workspace for the pharmacy's stock holding and volume of dispensing. The retail area was appropriately presented. The pharmacy was bright, suitably ventilated, clear of clutter and clean. The dispensary upstairs was smaller but also kept in an organised manner. Pharmacy (P) medicines were stored behind the front pharmacy counter. There was no barrier available to restrict people's entry into the dispensary or behind the counter, but staff were always within the vicinity to help prevent P medicines from being self-selected.

A signposted consultation room was available for services and private conversations. This was kept locked when not in use and the space was of an adequate size. There was no confidential information present. A curtain could be drawn across the entrance to protect people's privacy. However, confidential conversations could be heard when people used the room. The room was situated at the rear of the premises, close to the seats and not far from the dispensary counter. This was brought to the attention of the store manager and RP at the time, no people were observed standing in this area during the inspection but there was no background noise from the store that could help drown out some of the conversation. This could mean that peoples' privacy is not always being protected when pharmacy services are provided.

Principle 4 - Services ✓ Standards met

Summary findings

The pharmacy provides its services safely. Its team members can make suitable adjustments to help people with different needs to access the pharmacy's services. The pharmacy obtains its medicines from reputable sources, and it stores and manages most of its medicines appropriately. The pharmacy's team members take care when people are prescribed higher-risk medicines. But, they don't always record any information when some people receive these medicines. This makes it difficult for them to show that they have provided appropriate advice when supplying them. And, the pharmacy has no separate containers to store and dispose of some medicines that could be harmful to the environment.

Inspector's evidence

There was an automatic door at the front of the store and entry into the pharmacy was at street level. This, coupled with the wide aisles and clear, open spaces inside the pharmacy, enabled people requiring wheelchair access easy access to the pharmacy's services. Staff described using facing people who were partially deaf and speaking clearly, they asked if assistance was required for people who were visually impaired or verbally explained details. Some of the team spoke Romanian, Spanish, Finnish, French and Filipino if required to assist people whose first language was not English. Three seats were available for people waiting for prescriptions and documented information was present to help staff to signpost people to other local services if required.

During the dispensing process, plastic tubs and trays were used to hold prescriptions and items, and this helped prevent their inadvertent transfer. A dispensing audit trail from a facility on generated labels as well as a quad stamp assisted in identifying staff involved.

Licensed wholesalers such as Alliance Healthcare, AAH and Phoenix were used to obtain medicines and medical devices. Unlicensed medicines were received from Alliance Specials. Except for the store manager and pharmacists, staff were unaware of the processes involved for the European Falsified Medicines Directive (FMD). There was no relevant equipment on site or guidance information present for the team and the pharmacy was not yet complying with FMD at the point of inspection.

Medicines were stored in an organised manner on the shelves and staff checked them for expiry every week. There was a date-checking schedule to verify that this process had been taking place. Staff used stickers to highlight short-dated items. There were no date-expired medicines seen. Liquid medicines were marked with the date upon which they were opened. CDs were stored under safe custody and the keys to the cabinet were maintained in a manner that prevented unauthorised access during the day as well as overnight. A CD key log was completed as an audit trail to verify this. Drug alerts were received through the company system, the team checked for affected stock and acted as necessary. An audit trail was present to verify the process. The occasional loose blister and mixed batch of medicine was seen.

Medicines returned for disposal, were accepted by staff and stored within designated containers. However, there was no list available for the team to identify hazardous and cytotoxic medicines that required disposal or designated containers to store them. People returning sharps for disposal, were referred to another local pharmacy which had capacity to store and dispose of them. Returned CDs were brought to the attention of the RP and segregated in the CD cabinet before their

destruction. Relevant details were entered a CD returns register.

The RP described MURs and the NMS providing the most impact out of the services that were provided. She explained that this was beneficial for people and for their GPs as these services provided an opportunity for extra advice, referrals and an in-depth discussion to be held about people's medicines. This including helping people to understand how to take their medicines appropriately, advising on and improving people's inhaler techniques and advising about healthier living. The latter included dietary advice, smoking cessation and alcohol consumption as the RP explained that it was easier for people to talk privately in the consultation room about these topics.

The pharmacy provided seasonal influenza vaccinations under the NHS and against a private Patient Group Direction (PGD). For the former, target groups who were eligible under the NHS service were identified or people who had been vaccinated in previous years, came in to the pharmacy to request the vaccination. The RP worked to defined procedures, the SOP for the service was present, informed consent was obtained, a risk assessment was carried out and relevant paperwork under the PGDs that authorised this, was signed and readily accessible. The consultation room was used to provide this service and relevant equipment to ensure the vaccination service was carried out safely was available. This included adrenaline in the event of a severe, life-threatening reaction to the vaccines and a sharps bin. The pharmacist explained that whilst she completed the paperwork, people remained sitting inside the consultation room after being vaccinated for five to ten minutes. This helped to monitor if a reaction to the vaccine developed.

Staff were aware of risks associated with valproates for females who could become pregnant and they provided relevant material, counselled them and ensured notes were placed on their records if prescriptions were seen. An audit had been completed in the past to identify people at risk. The team used laminated cards, stickers and PIFs to highlight relevant information such as CDs, fridge and higher-risk medicines. Staff in the dispensary downstairs checked relevant information, such as asking about the dose, strength and blood test results. This included the International Normalised Ratio (INR) level for people prescribed warfarin. However, details were not always documented to help verify this and routine checks were not always being made for people receiving higher risk medicines and compliance aids.

Once dispensed, prescriptions awaiting collection were stored within an alphabetical retrieval system. Fridge items and CDs were placed into clear bags after assembly and this helped to identify them more easily when they were handed out. Team members checked uncollected prescriptions every week.

Compliance aids were supplied after the RP carried out an assessment for suitability before they were initiated. The pharmacy ordered prescriptions on behalf of people and staff cross-referenced details on prescriptions against individual records. This helped them to identify any changes and records were maintained to verify this. Progress logs and communication records were also being used. All medicines were de-blistered into the compliance aids with none supplied within their outer packaging. They were not left unsealed overnight when assembled. Descriptions of medicines were provided and patient information leaflets (PILs) were routinely supplied. People prescribed warfarin who received compliance aids were supplied these medicines separately. Mid-cycle changes were dependent on the person, if they could receive their medicines separately, they were supplied in this way, otherwise, the compliance aids were retrieved, amended, re-checked and re-supplied.

The pharmacy provided a delivery service and it maintained audit trails to verify this. CDs and fridge items were highlighted. Staff contacted people before attempting to deliver. The company's drivers

obtained signatures from people when they were in receipt of their medicines. Failed deliveries were brought back to the pharmacy with notes left to inform people about the attempt made. Medicines were not left unattended. If the pharmacy was closed before the driver could return, the medicines were returned to one of the company's nearby pharmacies that was designated as the hub and returned to the pharmacy the following day.

Principle 5 - Equipment and facilities ✓ Standards met

Summary findings

The pharmacy has the equipment and facilities it needs to provide its services safely. Team members ensure that they are maintained appropriately and kept clean.

Inspector's evidence

The pharmacy held current versions of reference sources and staff could use online resources. The CD cabinets conformed to legal requirements and the medical fridges were operating at appropriate temperatures. There were clean, crown stamped, conical measures available for liquid medicines, designated measures used for methadone, counting triangles and separate ones for cytotoxic medicines. The sink in the dispensary used to reconstitute medicines was clean. Antibacterial hand wash and hot and cold running water was available. There were also lockers available for the staff to store their personal belongings. Computer terminals were password protected and positioned in a manner that prevented unauthorised access. Cordless phones were available to maintain private conversations. Staff held their own NHS smart cards to access electronic prescriptions and stored them securely overnight.

What do the summary findings for each principle mean?

Finding	Meaning
✓ Excellent practice	The pharmacy demonstrates innovation in the way it delivers pharmacy services which benefit the health needs of the local community, as well as performing well against the standards.
✓ Good practice	The pharmacy performs well against most of the standards and can demonstrate positive outcomes for patients from the way it delivers pharmacy services.
✓ Standards met	The pharmacy meets all the standards.
Standards not all met	The pharmacy has not met one or more standards.